

DEPARTMENT OF HEALTH AND MENTAL HYGIENE INVITES PUBLIC COMMENTS ON CHANGES TO THE LEAD POISONING SCREENING PROGRAM

The Maryland Department of Health and Mental Hygiene (the Department) invites public comment on changes to COMAR 10.11.04 – Lead Poisoning Screening Program.

Background: While Maryland has made significant progress in reducing exposure to lead, childhood lead exposure remains a significant, widespread, and preventable environmental hazard in the State. The current Maryland Targeting Plan for Areas at Risk for Childhood Lead Poisoning (2004) identifies areas considered to be “at risk” because of their housing stock and population.

Maryland law and regulations require that children in Maryland must be tested for lead:

- At the 1 year (12 months) and 2 year (24 months) visits, if either (1) they are living or are known to have lived in an “at-risk area” (as defined in the Department’s 2004 Targeting Plan); or (2) they are enrolled in the Medicaid Early and Periodic Screening Diagnosis and Treatment (EPSDT) program;
- If they are 2 years old or older and younger than 6 years (72 months), have lived in an at-risk area, and have not previously been tested for lead or are unable to document previous testing;
- If the health care provider is unable to acquire the results of previous blood lead tests;
- If a required lead screening questionnaire indicates a possible risk for lead exposure; or
- If a parent or guardian requests a blood lead test.

In addition to requirements for testing, pursuant to COMAR 10.15.04.05, parents are also required to provide documentation of lead testing results to a school upon the child’s entrance to a Maryland public prekindergarten program, or to a public school system at the level of prekindergarten, kindergarten, or first grade.

The Department invites the public to comment on the following questions:

1. *Should the Department revise its current Targeting Plan for Areas at Risk for Childhood Lead Poisoning and amend its blood testing requirements so that for the next three years, all children ages 1 year and 2 years would be tested for lead, regardless of where they live?*

The Department is considering changing the current regulation so that for the next three years all children in Maryland would be tested for lead exposure at the ages of 1 year (12 months) and 2 years (24 months). The Department believes all areas in Maryland carry some risk, and these proposed changes would provide a more accurate picture of where lead exposure is occurring, would help the State develop a more precise targeting strategy in the future, and would assist in identifying children at risk of lead exposure before they become lead poisoned. At the end of the three years, the Department would use the more complete information on lead levels to revise the Targeting Plan.

The Department has conducted an analysis of recent lead testing data from the Department of the Environment's Childhood Lead Registry. Overall, less than a quarter of children in the State are tested for lead, and even among the children thought to be at highest risk, the testing rate is only about 60%. While lead paint is still the most important source of exposure for children, proportionally more children with elevated lead levels are now being seen whose exposures may be from owner-occupied homes, or sources other than rental properties covered by Maryland law. Finally, the Maryland Childhood Lead Registry data show that there are children in every county in Maryland with blood lead levels greater than 5 micrograms per deciliter, which is the new reference level for blood lead recommended by the U.S. Centers for Disease Control and Prevention.

2. *Should the Department eliminate the requirement that parents provide documentation of lead testing for entry to first grade and kindergarten in public schools? Alternatively, should the Department change the form to allow the information on lead testing to be shared with local health authorities?*

Feedback from school nurses, parents, and providers indicates that the paperwork burden for this requirement is considerable. In addition, the Federal Family Education Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) may prevent school health personnel from sharing information about a student's lead tests with local health authorities. One of the purposes of the Department's requirement for the documentation of a test was to encourage both school authorities and local health officials to follow-up with parents if a child had not been tested. However, in many cases neither school authorities nor the local health authorities have sufficient resources to perform such follow-up. The Department would like to hear whether there is a compelling rationale for maintaining the current requirement for documentation for kindergarten and first grades.

Alternatively, the Department is considering the possibility of adding a statement to the existing lead testing form (DHMH Form #4620, available at: <http://phpa.dhmh.maryland.gov/OEHFP/CHS/Shared%20Documents/Lead/MarylandDHMHBloodLeadTestingCertificateDHMH4620.pdf>) which would allow school authorities to share this information with local health authorities. It is possible that revising this form could result in schools and local health authorities receiving less information from parents because those whose children had not been tested would be less likely to allow that information to be shared.

3. *If the Department chooses to eliminate the requirement for documentation of lead testing for entry to first grade and kindergarten, should the Department have any special provision in regulation for children who have not previously been tested? If so, what mechanisms and approaches are recommended to increase the likelihood that such children will be tested?*

The Department recognizes some children who have not previously been tested or are not tested at ages 1 year and 2 years, may be at risk of lead exposure. For example, children who move to Maryland after the age of two might not have been tested. Similarly, children without medical care during their younger years might not have been tested.

The Department welcomes comments on mechanisms and approaches to increase the likelihood that these children will be tested.

The Department requests written comments by 5:00 PM, Friday, August 21, 2015, on these issues and any other recommendations related to testing requirements for blood lead contained in COMAR 10.11.04. Written comments may be submitted by mail to Clifford S. Mitchell, Maryland Department of Health and Mental Hygiene, 201 West Preston Street Room 327, Baltimore, MD 21201. Comments may also be submitted by email to dhmh.envhealth@maryland.gov